

THE MEDICAL AND SURGICAL REPORTER.

No. 369.]

PHILADELPHIA, DECEMBER 12, 1863.

[Vol. X.—No. 33.]

ORIGINAL DEPARTMENT.

Lectures.

DEFORMITIES OF THE NECK.

By PROF. LOUIS BAUER, M. D.,

Of Brooklyn, N. Y.

(Continued from page 336.)

GENTLEMEN: We regret to announce that the time allotted for these lectures has expired, and that the advanced season forces us to drop the subject where we left it at our last meeting. An apology is scarcely needed in reference to the deformities of the upper extremities, which we have omitted, for their pathology and treatment can be brought down to the same principles and maxims we have delineated on previous occasions.

What we do regret is, that we have to refrain for the present from the pleasure of imparting to you the knowledge of the so-called osteotomic and osteoplastic operations, mainly of German origin and culture. These operations form a most interesting and not the less practical chapter in orthopædic surgery; they are comparatively novel on this side the Atlantic, and almost indispensable in aggravated rachitic deformities of the cylindrical bones. However, the present postponement of that subject shall not deprive you of a future opportunity to render yourselves conversant with it, for we purpose to resume our lectures at the earliest convenience.

Nobody can be more sensible of the brief and fragmentary form in which our discourse has been carried on. But, gentlemen, lectures cannot give you literary completeness without becoming excessively tedious and pedantic. Lectures are not for reference but for immediate instruction. At all events, cursory as our lectures have been from necessity, we have arduously labored to render them beneficial to you in a practical point of view. Sometimes it may have occurred to you that we made too strong efforts against popularized and received doctrines, and that we indulged in too severe criticism of the same. But, gentlemen, popular doctrines are but too often the most formidable obstacles to scientific advancement; they

are the rubbish of past ages, obstructions, so to speak, which should be removed in order to clear the track for progress.

Next, you may think that we have been too earnest in putting forth our scientific and practical merits for the advancement of orthopædic surgery. But if others studiously withhold from us the just acknowledgement of our own literary property, and even worse, turn it to an account for personal ends, modesty would be ill-placed. Against plagiarism and false pretences, direct exposure seems to be the best protective, and if we have committed an error of judgment, it has certainly been on the side of delicacy in not lifting the veil from the names and actions of the literary Bedouins who have tried to deprive us of our just dues.

In parting from you we sincerely thank you for the diligent attention you have shown during the course of our lectures, and we do hope that you may derive some advantage in return of your devotion.

Since the closing of our lectures we had the misfortune to lose a patient afflicted with posterior curvature. For the last five years we had charge of her case and have closely observed the different phases through which she has passed. Having likewise secured the specimen of the affected spine and subjected the same to a careful examination, we are able to present a history of rare congruity, importance and interest, furnishing as it does a continuous commentary on the pathology and therapeutics advanced by the author in the preceding pages. The following addendum will, we feel persuaded, be acceptable to the reader.

Case of Kyphosis of more than six years' standing, complicated with motor-paralysis of lower extremities; relief of the latter and arrest of the disease for a period of four years; death from granular meningitis; interesting pathological disclosures; with three illustrations.

At the tender age of 2 years and 9 months the patient met with a fall. A short time after the accident the little girl exhibited some indefinite indisposition, inducing the parents to call upon Prof. WILLARD PARKER. There were as yet no indications of an impending spinal trouble, nevertheless that sagacious surgeon rendered a clear diagnosis. Deriving however no encouragement

from him as to the ultimate recovery of their offspring, the parents subsequently placed the child under the charge of Prof. VALENTINE MOTT, who directed the ordinary treatment then in vogue, rather encouraging than disparaging locomotion. Among other remedies resorted to, issues close to the spine were established. For five months the treatment was scrupulously carried out, whilst the malady was steadily advancing. At last the treatment was suspended, and for ten months nothing was done to arrest or mitigate the affliction. Meanwhile the suffering of the patient had become unbearable, the deformity had greatly increased, and the locomotive power of the lower extremities so much impeded, that the parents again sought professional aid.

At this juncture we took charge of the case. The patient was then prostrate, attenuated and almost hydremic. She was moderately feverish; cardiac action greatly excited; her respiration laborious, and her temper irritable. The angular deformity occupied the thoraco-lumbar portion of the spine, the first lumbar spinous process being the most prominent point. There was great tenderness about the spine, and such perfect motor paralysis of the lower half of the body that no stimulus excited the slightest reflex action. No traces of abscess could however be found in either lumbar or ileo-inguinal regions.

The early appearance of the deformity after the accident, its seat, rapid progress and angular shape left scarcely any doubt as to the cause of the trouble, namely, fracture in the body of either the twelfth thoracic or first lumbar vertebra. Under this impression the prognosis was certainly unfavorable, for all symptoms indicated structural and form-alterations of some vertebral bodies. Caries was at least impending, if it had not already commenced; new complications were thus threatening, irrespective of the already existing paraplegia. In fine, the constitutional force of the patient had already been broken down. There were consequently no prospects of recovery, even the arrest of the disease was more than problematical.

Nevertheless, whatever might be the eventual results of the treatment, the actual sufferings of the patient demanded some palliatives. Horizontal posture upon a water bed, moderate local depletion, inunctions with Ung. Hydrargyri, and of course generous diet, were insisted on and readily complied with.

We should not have been surprised to see the patient somewhat relieved by this treatment, but our expectation was greatly exceeded both by the rapidity and extent of her improvement, so much so indeed, that we became skeptic of our diagnosis. The ameliorations at the end of the eighth month may be briefly summed up as follows: Regu-

larity of all vital functions, excellent appetite and rest, satisfactory appearance, increased weight (by five pounds), entire immunity from pain, locomotion of lower extremities almost re-established to perfection.

During this period we had already applied the spinal splint, allowed the patient to creep about on knees and elbows, and to be taken into the open air. At the end of the same, presuming that a most *unexpected consolidation* of the spine had been achieved, we ordered a spinal supporter closely fitting to the cast then taken, (Fig. 52.) and suffered the patient to take cautious and moderate exercises, frequently interrupted by rest in the recumbent posture. The first attempts of this description were however so satisfactory in their bearing, that very soon we removed all restrictions and allowed the child to do whatever she pleased.

Four years the patient was thus doing well. Although we frequently saw the patient, yet we had no occasion to call upon her professionally again until last Spring, when she had suddenly been taken sick. Without enlarging on the details of her late illness, suffice it to say that she suffered from, and eventually died of meningitis cerebrale exudativa.

Fortunately the enlightened parents felt the same interest in the character of the case, that I did, and therefore readily consented to the autopsy, which was made twenty-four hours after death.

The general appearance of the body, especially the state of her nutrition, was satisfactory considering that it had just passed through a course of sickness during which but little food had been taken. There was intense arachnitis with widely scattered granular eminences, made up however of connective tissue; the disease did not extend into the spinal canal, though the brain and cervical portion of spinal cord were in a state of hyperæmia. Thorough search for tubercular deposits in other organs ended in a negative result. That fragment of the spine concerned in the disease having been removed and longitudinally divided, disclosed, indeed, a pathological condition which we were not prepared to find. We annex illustrations of this and another important specimen, that their comparative value may be realized.

The former (A. B.) consists of the six inferior thoracic, the second and third lumbar vertebra, besides fragments of the first 4 lumbar ones. To the left half of the specimen the corresponding portion of the spinal cord is still attached. (1.) The angular infraction of the spine locates exactly at the remnant of the first lumbar vertebra. On raising the cord it may be noticed that the bend of the spine leaves the spinal canal free from any encroachment or obstruction whatever. Nor is any morbid change presented by either the cord or its membranes.

Anteriorly and laterally the lower portion of the specimen is surrounded by a large complement of firm connective tissue (2), obviously restraining the otherwise inevitable mobility of the inflected spine. The adjacent soft parts show no indication whatever of suppuration. Whilst with one exception all intervertebral fibro-cartilages are completely healthy, the body of the first lumbar vertebra is almost totally, and that of the twelfth thoracic partially destroyed, and the remaining ones exhibit more or less large cavities (3) filled with a yellow semi-solid material. All these cavities are located close to the dura mater (4), and in some that membrane supplies the posterior wall of the same. Whether the cancellated structure of the vertebral bodies had slightly suffered from osteoporosis we are uncertain; that of the twelfth dorsal was rather densified from plastic infiltration. In the fresh state a moderate hyperæmia of the spine could be clearly discerned.

As has been mentioned, two of the vertebral bodies had substantially suffered in both shape and size. Of the body of the first lumbar vertebra, but a posterior fragment (5) has remained, and even from this a smaller piece (6) has become so completely detached that it can be taken out of its crummy bed and replaced. Anteriorly to the fragment a tolerably large cavity (7) exists, which we found filled with a similar material as the cavities of the bodies. Of the body of the twelfth thoracic vertebra, but a small fragment is missing; its form has then become deficient in a diagonal direction (8) as if a small wedge had been chipped off from the anterior and lower portion. Exceedingly interesting is the relation between the remnants of the two bodies. The lower surface of the upper vertebra rests upon the anterior of the lower in almost a right angle. But it would seem as if the upper surface of the first lumbar vertebra had inclined forward and downward, in which case the cancellated structure must have previously caved in. Between the two the intervertebral disk is completely destroyed.

The reader may readily imagine that we felt the most intense interest to get at the real nature and composition of that yellow semi-solid material that filled the osseous caverns. At the first glance it presented itself as tubercular deposit par excellence, and this very appearance made us still more tenacious in ferreting out its character. Whilst we engaged in the microscopic examination of one, we sent the other half of the specimen to a gentleman in New York, whose profound knowledge in pathological anatomy, and dexterity in the use of the microscope has perhaps no superior in this country. To prevent misunderstanding, we accompanied the specimen with a note, setting forth that we requested his opinion as an expert on the

question, Whether that material was tubercle or changed pus?

Great, indeed, was our discomfiture when that gentleman sent us an answer to the effect "that it needed no microscope to recognize the tubercular material of the specimen."

In spite of our deference for that opinion, we nevertheless continued our own investigation, which resulted in a widely different conclusion. The subject being however of too great importance to rely on our observation exclusively, we requested Prof. ALONZO CLARK to lend us his assistance, which he courteously granted. In an examination of more than an hour, instituted with that care and circumspection which so eminently distinguishes that gentleman, the fact was indisputably established that the material in question was *bona fide pus in a state of condensation and fatty degeneration*.

Another question at once grows out of that decision, namely, *how are the multilocular abscesses in the vertebral bodies to be accounted for?* The answer is much easier than might be imagined. For all the abscesses are placed in close proximity to the spinal dura mater; some of them open upon it. Subjacent to that membrane and along the anterior wall of the spinal canal a similar material can be traced, which connects, as it were, the abscesses all along the spine. We infer therefore that the purulent material in the place of any other outlet, moved up and downward between the dura mater and the anterior wall of the osseous spinal canal, causing the multilocular abscess and eventually undergoing all the changes simultaneously with their contents. This would seem the only explanation admissible.

During the suppurative process the quantity of pus that raised the dura mater from the spine, the spinal cord must have been compressed or have suffered from irritation and hence the paraplegia. Thus the pathology of the case seems clear and plausible. Yet other points need mention.

In the first place were we right in presuming a fracture as the cause of the deformity? After a due deliberation of all circumstances attending our case, we cannot be induced to change the previous diagnosis. For the existing mischief is by no means incompatible with the same, irrespective of the arguments already set forth. We have repeatedly stated in our lectures that the thoracolumbar region of the spine is very susceptible to fracture, and that a wedge shaped fragment may be easily chipped off in front and below a vertebral body. This has been demonstrated by experiments and autopsies. If the fracture is disregarded and the patient continues locomotion, the fragment is displaced anteriorly and the spine bent backward. The former may or may not become agglutinated

in the new position. In the latter case it may be turned into a sequestrum and thus give rise like every other foreign body, to local irritation, suppuration, caries of the adjacent bony structures, and in fine, lead to exactly the very same consequences with which we had to grapple in concreto.

Next, which of the vertebral bodies had been fractured? In glancing at the specimen it will be found that the twelfth thoracic one exhibits exactly the form in which the ordinary fracture would leave it, that is to say, the body is defective to the extent of a small wedge removed anteriorly and inferiorly. Caries of the fractured surface may have slightly increased the defect, but the type is still visible. The greater destruction of the first lumbar vertebral body may be thus accounted for, that the bony fragment remained in connection with the lower fibro-cartilage, that therefore the irritation arising from that source was more readily transmitted to the structures to which it was attached, and that in fine the matter would more readily descend than ascend. Thus the body of the lumbar vertebra had been macerated in pus, and eventually disintegrated. There is likewise a possibility that the fracture extended at once through both implicated vertebral bodies down to the subjacent fibro cartilage. If we elongate the line from the face of the twelve thoracic vertebra through the first lumbar, it would terminate at least $2\frac{1}{2}$ from the spinal canal. Such a supposition is however scarcely tenable, since the posterior curvature must have been instantaneous and at once considerable.

Again, it seems singular that suppuration to that extent, provoked and maintained by foreign bodies, as it were, should have existed without external manifestation, and moreover, should have come to a spontaneous stand-still for so long a period as four years. Facts like these do not often present themselves in the ordinary range of surgical observation. Some suggestions occur to our mind which may tend to render those facts more transparent and intelligible.

As an ordinary observation it must be admitted that the quantity of pus produced by bone disease is comparatively but trifling. Bona fide bone abscesses are never large, and the pus is, mostly of good quality. Its decomposition is brought on by access of atmospheric air. Moreover, as shown by Gurli, the pus of bones has a great susceptibility to be converted into a soft cheese-like substance, hence its being confounded with tubercular deposits.

We have at present a little boy in treatment for posterior curvature, who has had for the last nine months an ileo-lumbar abscess of considerable size without disturbing him. In the beginning, the quantity of pus could not have been less than a

pint, besides being very fluid. During the last three months the size of the abscess has obviously diminished, whilst its contents have become more condensed and its walls thickened. Similar observations other surgeons have made in the like cases. In the same ratio as the bone pus becomes mixed up with the detritus of other structures, or decomposed, it certainly assumes a more caustic and therefore destructive character, so as to corrode even the integuments, despite of their epithelial protection.

In the present case we had purely bone pus, formed by healthy osseous structure; it was consequently of an indifferent and mild character and therefore not apt to carry great destruction in its course. Six years were thus required to disintegrate a single vertebral body, although most exposed, whereas in more remote locations it just sufficed to cause comparatively superficial excavations.

Inasmuch as the purulent flow entered the spinal canal and diffused anteriorly between dura mater and spine, it may be reasonably inferred that the previous paraplegia of the patient had derived its cause from that source either by mechanical or dynamic effect.

As soon as the local irritation was stopped by reclinatio of the patient, the suppuration of the affected spine became virtually arrested and nature at once initiated the process of repair, so clearly demonstrated by the specimen. Nothing seems to have been in the way to perfect recovery as far as the local disease is concerned.

In comparing the specimen (A. B.) with another specimen (C.) on the plate, it must be conceded that the pathological conditions disclosed are of a very different cast. In A B, the cancellated structure is preeminently affected; in C the intervertebral cartilage has suffered most, whereas the osseous structure is scarcely touched. The last illustration represents the specimen we have referred to in Fig. 49 of our lectures.

Thus we have demonstrated, as we hope to the satisfaction of the reader, the fact that different causes underlie the posterior curvatures, and that it is impossible to substitute DELPECH's hypothesis for pathological realities.

The comparative results attained by different modes of treatment speak for themselves. Under the former the disease steadily advanced, both locally and constitutionally; in the latter the patient improved, recovered locomotion and a relative state of health. What more is needed than the specimens themselves, to prove that issues are inoperative in the like structural lesion growing out of mechanical derangements. And a mere glance at those conditions must satisfy the most skeptic mind that the superstructure of the body

cannot be borne erect by a foundation so utterly disqualified.

The publication of this case has but the object of contributing to the correct understanding of the pathology of kyphosis, which alone should govern the healing art, and is not intended to reflect on the professional views and curative maxims of a venerable Nestor of our profession, of whose merits for the promotion of surgery none can have a more exalted appreciation than the author.

Communications.

MEDICAL FRAGMENTS.

By A. P. DUTCHER, M. D.,

Of Enon Valley, Lawrence County, Pennsylvania.

(Continued from p. 429.)

Chronic Vaginal Leucorrhœa.

Mrs. —, aged thirty, came to my office March 10, 1860, and gave the following history of her case. Something more than twelve months since, she awoke one morning with rigors, heaviness and languor, pain in the back and around the loins, headache and thirst, with a quick pulse and a bad tongue. As the morning advanced she began to feel a sense of heat and soreness in the vagina, with itching of the external parts. By evening these symptoms had increased in severity; pain, smarting, a feeling of weight and bearing down were now added, together with a sensation of tightness, as though the vagina was swelled. At this stage of her difficulties her bladder became irritable, and she was constantly annoyed with a desire to micturate. These symptoms continued for twenty-four hours without any abatement, when she sent for a physician, who bled her copiously, gave her a large dose of calomel and rhubarb and ordered injections of cold water. After this her symptoms gradually became much milder, and by the fifth day they had all disappeared, excepting the soreness in the vagina, with the weight and bearing down. As the more violent symptoms subsided, she noticed a slight discharge of a thin colorless fluid from the vagina, which gradually increased in quantity until it became very annoying, saturating several napkins during the day. After some three weeks the discharge assumed a yellowish appearance, became of a much thicker consistency, and considerably diminished in quantity, and notwithstanding she has been under treatment ever since, she has been almost a constant sufferer from it and its attending complications.

At the time of her visit she had the appearance of an individual suffering under serious disease.

Her pulse is feeble and rapid, 90 per minute; skin very sallow and the body very much emaciated; has frequent attacks of sick headache which lasts the whole day, and when they subside, leaves her very much prostrated for several days. She is also troubled with palpitation of the heart and vertigo, particularly on rising in the morning. Her appetite is bad and her bowels costive. She has an aching pain across the loins, extending across the lower part of the abdomen. The bowels are tender to the touch. The urine is scanty and of a light straw color, and under the microscope it shows an abundance of epithelium and small crystals of the oxalate of lime. On examination per vaginam, the os uteri is a little lower than usual, showing a slight prolapsus of the womb. The os does not appear thickened nor indurated. The vagina is not tender to the touch, neither is there any extra heat in the parts. Her menses are regular, but very scanty. At each menstrual period, for a few days after it ceases, the leucorrhœal discharge is quite abundant, and exhausts her very much.

From the absence of any symptoms of uterine disease, we were inclined to regard the malady as vaginal leucorrhœa. The first disease was vaginitis. This paved the way to that morbid condition of the mucous membrane of the vagina, which has kept up for so long this annoying discharge. The patient's health is suffering severely from this local trouble. As there is no symptom of inflammation in any of the structures of the vagina, we regard this flux as the result of debility—a want of contractility in the excretory functions of the vaginal mucous membrane. For the purpose of correcting this morbid condition, and improving the general health of the system, she was ordered the following:

R. Macrotin,	gr. xv.
Ferri. sulph,	3i.
Strychninæ,	gr. ij.
Ext. gentiannæ,	3iss. M.
Ft. in pill no. xxx.	

Take one three times a day before eating.

The bowels were to be kept in a soluble condition by an occasional dose of the compound rhubarb pills, and at night before retiring to rest she was to take a cold hip bath. Her diet was to be nutritious, and she was to take as much exercise as she could without experiencing fatigue. Under this plan of treatment the leucorrhœa was soon overcome, and in six weeks all her disagreeable symptoms had vanished, and in eight she was in the enjoyment of better health than she had been for years.

In this form of leucorrhœa I regard the macrotin, in connection with iron and strychnia, as almost a specific. In the worst cases of the malady that have come under my care, wherein I have em.

ployed it, it has never disappointed my expectations. The macrotin is the resinoid principle of the root of *Cimicifuga Racemosa*. It is a tonic and alterative, acting almost specifically upon the mucous membrane of the uterus and vagina. It does not possess all the medical properties of the root, particularly the narcotic principles, hence it is not as useful in rheumatism and neuralgia as the fluid extract or tincture of *Cimicifuga*. In prescribing it in leucorrhœa, I always give it in very small doses, for when given in larger doses than half a grain three times a day, for several days in succession, it causes pain in the head, nausea, and a distressing and painful sensation in the joints and limbs generally. There is no necessity for this in the treatment of the disease now under consideration. All we want is its alterative effects, and these can be fully secured by the size dose mentioned above. To test the value of this resinoid as a remedy in chronic leucorrhœa, I have frequently given it alone, and in my hands it has always proved useful. Uniting it with iron and strychnia it acts more promptly, and the disease is much sooner cured. Iron and strychnia alone will cure leucorrhœa sometimes, but according to my experience they will cure it more surely and speedily if united with macrotin.

Hospital Reports.

UNIVERSITY OF MARYLAND,
October 28th, 1863.

SURGICAL CLINIC OF PROF. NATHAN R. SMITH.

Reported by Dr. J. W. P. Bates.

Wound of the Hand.

Man, æt. thirty. Here we have a case of pistol-shot wound of the hand, which occurred on October 16th. From the appearance of the wound, the ball probably entered the back and passed out the palm of the hand, but of this the patient can give no information. A gun-shot wound is more troublesome to manage than an incised wound, for it partakes of the character of a punctured, lacerated, and contused wound. It is sometimes necessary to dilate or incise the parts, so as to allow of discharge. This patient is using the simple poultice, which we will continue for a time; afterward we will apply the Basilicon ointment.

Fibrous Tumor.

Woman, æt. thirty-five. This woman has a tumor in the right breast, apparently fibrous. It has not the characteristics of cancer, and therefore cannot be malignant; but any morbid growth has the tendency to take on malignant action, and consequently there is no question of the propriety of its removal. A free incision was made, and the tumor removed. After removal, it was about the size of a common walnut. This tumor leaves a cup-like cavity, and if we shut it up tight we may have unpleasant consequences from suppuration, but to prevent this we

introduce a slip of linen, which preserves a passage for any discharge. Wound was dressed with adhesive strips and compress, and a bandage carried around the body and supported by a shoulder-strap. Hemorrhage very slight, and only one artery required ligation.

Erythema.

Man. This patient is a seaman, and has a superficial ulcer occupying the anterior part of the leg. When he came into this institution the part was covered with scabs, which produced irritation; they were softened off, and left the appearance which you now see. This is a kind of erythema produced by the action of water. If water be applied, for any length of time, to a part, it will bring out an eruption; and this circumstance is made use of by the Hydropaths, who tell their patients that it will bring out the bad humors. As a local application, we will use:

R. Zinc sulphat., gr. v.
Aque, f3j. M.
And apply a cerate cloth.

MEDICAL CLINIC OF PROF. CHEW.

Chronic Diarrhœa.

Man, æt. 28. This man has been for several years in Cuba, where he had an attack of remittent fever; from there he went to the Dry Tortugas, where he was employed as a baker; and while there he was attacked, about ten months ago, with chronic diarrhœa. The skin is not hot, the pulse calm, no pain, habits intemperate. Diarrhœa is an expression of a diseased condition of the body, sometimes of inflammation, at others of irritation. In chronic dysentery we sometimes find an amazing quantity of small ulcers in the intestines, especially the rectum, sometimes perforating only the mucous coat, at others opening into the peritoneum. In this case there seems to be more irritability than inflammation. We will give this man:

R. Tinct. catechu, f3j.
Mist. cretae, f3v. M.
Sig. Tablespoonful every four hours.

And put him upon absolute diet; may use bread, tea and rice, in moderate quantities, for we must regulate the quantity as well as the quality of his food. Let him keep quiet, in the recumbent position.

Typhoid Fever.

G. M., æt. seventeen. In this fever there is generally tenderness over the ilio-cæcal region; we may also feel or hear some gurgling upon making pressure. Local pain is most commonly felt, first, in the right iliac region, then the left, and next around the umbilicus. In this case we have typanitis; an apathetic appearance of countenance; hot, dry skin; hebetude of mind; distended abdomen; and somnolence, tending to coma. Upon auscultating his chest, you can hear the dry râles of bronchitis on both sides. In almost all cases of this fever you will find evidence of the presence of bronchitis. Some pathologists believe it is not inflammation, but only congestion of the bronchial tubes; but in some cases there is inflammation, because the bronchitis passes into the second stage, or that of mucous râles. This man has been taking an emulsion, containing wine of ipecac. and bicarbonate of potassa, intended to depress the action of the heart and relieve the inflammation, so as to allow of secretion. The prognosis is very uncertain. He is very ill, and it is impossible, in the first stage, to tell how it will end.

EDITORIAL DEPARTMENT.

Reviews and Book Notices.

The Principles and Practice of Ophthalmic Medicine and Surgery. By T. WHARTON JONES, F. R. S., Professor of Ophthalmic Medicine and Surgery in University College, London; Ophthalmic Surgeon to the Hospital, etc. Third and revised American edition, with additions, from the second London edition. Philadelphia: Blanchard & Lea, 1863. Price \$3.00.

The merited popularity of the treatise before us may readily be estimated from the demand for the two previous editions in this country, and also in the recent appearance of a French edition, from a translation made by M. FOUCHER, *Professeur Agrégé* of the Medical Faculty of Paris, and are but deserving tributes to the high reputation which has been secured by Mr. JONES, both at home and abroad. The value of the present edition is considerably enhanced from additions made by the editor, Dr. WALTER F. ATLEE, in which he has endeavored to bring the work up to the present state of knowledge in this department of Medicine and Surgery which has been considerable within the seven years, which have elapsed since the publication of the preceding edition. The work begins with the different kinds of explorations necessary for best ascertaining the diseases of the visual organs, one of which is called the *objective* and the other the *subjective*. In the commencement, he lays down with much stress the precaution, that the eye should be viewed only but never touched, and then enters with considerable minuteness into the methods by which this may best be accomplished. Beginning with the eyebrows, the eyelids, externally and internally, and then the lachrymal organs, proceeding to the form and appearance of the eyeballs generally, from thence to the exploration of the front and interior of the eye, insisting upon the rule, too frequently neglected in such examinations, of keeping the organ exposed but a few seconds only at a time, and then allowing the lids to close a few moments.

For all purposes of illumination, as a general rule, that obtained by the window is sufficient, after concentration by means of a convex lens of two inches in diameter, and three or four in focal distance. When this will not answer as when we desire to detect foreign bodies impacted in the cornea, small exudations upon the iris and minute structural changes, the use of the ophthalmoscope is recommended. After describing the various modifications of the original instrument of HELMHOLTZ, he speaks rather more favourably of that of REUTZ, as the rays of light are so much converged that after crossing they fall in great dispersion on the retina, giving a more extensive illumination than is to be obtained by other ophthalmoscopes; but as the instrument of ULRIKH is similar in construction and more compact it may be preferable on this account. The ordinary directions for such examinations are then given. As furnishing a uniform and steady light the argand burner sliding on a vertical rod is recommended. Though the illustration which accompanies the description has a chimney attached, he does not mention the propriety of having it tinged with blue,

which is of no small assistance, since it tends much to whiten the light, not by decomposing (as most writers will have it) the red rays which are in excess but by increasing the blue rays to such an extent that the natural ratio between these rays is established.—The parts to be seen in the healthy condition of the organ, and those we may anticipate in a diseased state and the most effective manner of doing this are described in detail, and accompanied with suitable engravings. For the student and junior practitioner, nothing more on this point can be desired.—For the purpose of dilating the pupil a solution is preferred of

B. Ext. Belladonna	gr. xx.	
Aq. destillat.	℥j.	M.

Or what is perhaps to be preferred,

Atriplex sulph.	gr. ij-iv.	
Aq. destillat.	℥j.	M.

The remaining half of this chapter is set aside to "application of remedies to the eyes or their neighborhood, and the performance of minor operations on them." Under this head are mentioned cold and warm applications, medicated vapors and collyria, the latter term being used in its primitive meaning, i. e.—"any medicine for the eyes, whatever its form," and for their preparation numerous formulæ are given. The author attributes much of the want of success sometimes following their use to the fact that they scarcely come in contact with the conjunctiva of the upper lid and eyeball, where they should reach; and frequently act rather as irritants than otherwise. Of unguents and other fatty preparations the author does not entertain the horror many do at the present day; but on the contrary, when recently and properly prepared, he thinks much may be gained by their judicious use.

Local abstraction of blood by leeches, scarification with remarks upon Foreign bodies in the eye and palpebral space, and evacuation of the aqueous humor by puncture of the cornea brings us to Chapter II. which is devoted to ophthalmic inflammation. For convenience of discussion this chapter is divided into "Inflammation in general" with the various distinctions and terminations; and "Ophthalmic Inflammation in general," which is arranged as it occurs in different tissues of the eye, each subdivided again into varieties, determined by special causes and conditions, with their reputed treatment and terminations, and lastly the "Ophthalmia" which are considered as a class of four orders, and are designated according to the principal structure involved "for the inflammation is seldom confined to a single structure," p. 105.

In reference to catarrhal ophthalmia the author believes that, "In its simpler forms, it is in general readily subdued, and that in a week or fortnight. In its severer forms, if neglected, or improperly treated, ulceration of the cornea may take place, and, above all, the palpebral conjunctiva is extremely apt to be left in a state of chronic inflammation—its thickened and its papillæ enlarged—a state which keeps up irritation of the eye, and which may lead to vascularity and opacity of the conjunctiva cornea," p. 110. And farther on, under the head of "Egyptian Ophthalmia" [syn. granular or contagious, ophthalmia purulens, gravis, etc.] he remarks of it, that "The morbid development in the conjunctiva of the eyelids, and palpebral sinuses of what are called *granulations*, is an early and important effect of the inflammation. The first and second degrees of Egyptian Ophthalmia do not essentially differ in their symptoms, either objective or subjective, from the milder and severer forms of catarrhal ophthalmia, except in the granular state of the conjunctiva, which though it does in some degrees exist in inveterate cases of catarrhal ophthalmia, presents itself in Egyptian Ophthalmia, even from the first, and remains to the last, so that it is justly considered the peculiar characteristic of the disease," pp. 112, 113.

These remarks possess for us, at the present time, more than usual interest from the large armies now in field and camp, of our own country, and the increasing prevalence of these affections among the soldiers; so that a correct knowledge of the diseased condition is extremely necessary to the surgeon. A careful examination of the above quotations lead us to the conclusion that the author is disposed to consider the granulations in this disease, as an effect and not a cause of purulent or Egyptian ophthalmia. This is directly opposed to the later researches in this disease by FRANK, KRAUSE, MARSTON and others, who find the primary manifestation of the disorder to be in the minute closed mucous follicles or crypts described by VAN ROOSBROECK and BENDZ, which are clustered together as a patch near the external canthus, and they consider that soldier's ophthalmia is neither more nor less than these bodies affected with a specific morbid process and deposit which is engendered by deficient hygienic conditions. It is not peculiar alone to man, for FRANK and STROMAYER both found these granulations existing in pigs which lived in what may be considered unhygienic conditions while they were absent in animals better kept.

In reference to the "ophthalmia in new-born infants" it is stated by the author "In whatever stage of this disease the medical man may be called in, he may in general pronounce a favorable diagnosis, if he finds the cornea still clear, or even though hazy, still free from ulceration and abscess," p. 119.

He thinks the application of remedies every second day sufficient to effect a favorable issue, but our own experience in this rapid and violent affection is that applications should be used of less strength but more frequently applied. The concluding pages of this interesting chapter is devoted to "various morbid states of the eye, consequences of the ophthalmia," while these results of previous disease are minutely and carefully treated.

Chapter III. is occupied with "dropsies, tumors, cancer of the eyeball, cataract, operations for artificial pupil, and congenital defects of the iris and pupil. Chapter IV. abnormal states of the optical refraction and adjuncts of the Eye. Chapter V. is given to amaurotic affections, and under the section devoted to glaucoma, which has recently received such valuable contribution as to treatment in the shape of the operation of iridectomy as proposed by VON GRAEFE, the editor properly remarks "that the operation of iridectomy is of no use in chronic glaucoma, while in acute glaucoma good effects do result from the operation—and the benefit obtained is to be attributed, namely, to the removal of the tension by evacuation of the superabundant fluid of the eye," p. 318. Chapter VI. "Loss of correspondence of the sensations and movements of the two eyes," whether dependent upon loss of correspondence of sensation or upon the direction of these organs; and from containing directions by which many of these affections may not only be prevented but removed after being established, the chapter is a most valuable one and will repay careful perusal. Chapters VII.—X. embrace "diseases of the eyelids; diseases of the conjunctiva, or rather of the appendages of this structure; and diseases of the lachrymal organs; and these are followed by diseases of the orbit. This brings us to the final chapter, wherein is discussed injuries to the eye, and its appendages.

We have now reached the termination of this volume by Mr. WHARTON JONES, and we cannot but admit that in every manner he has fulfilled the promise made at the beginning, that it "should serve at once as a text-book for students and as a book of reference for practitioners." The reader is also under many obligations to the American editor for the careful and complete manner in which the revision has been conducted. We doubt not the present edition will be received as have been its predecessors.

A. P. T.

Surgery of the Battles fought near Vicksburg
By E. ANDREWS, M.D., Professor of Surgery in the Medical Department of Lind University: Chicago. 1863. 8vo., pp. 48.

The writer, who at that time was Surgeon of the 1st Regiment Illinois Artillery, during the battles around Vicksburg, December, 1863, enjoyed valuable advantages for observing the facts related. The work is deserving of special attention, as it is the first complete record of the surgery of any battle during the present war, owing to a want of complete registration of the cases after they left the field-surgeons for those of the boats and from these to the General Hospitals. But an order from the Medical Director, arranged the staff in such a manner that not only were the wounded properly and immediately attended to in the field, but they were under the personal attention of some of the same medical officers until their delivery to the General Hospital at St. Louis, some twenty days after the battle. The reports then are not only reliable but also extend over a space of time which renders any deductions from them worthy of unusual confidence; each case with injury, operation, anæsthetic and special remarks are detailed in a concise tabular form, so that conclusions are readily drawn from them with little trouble.

The peculiar predominance of skirmishing in western warfare, when the fire is from the right side of the tree that gives shelter; the wounds of this side so much more exposed than the other, occur much oftener than those of the left side of the body.

Of 88 Amputations, 67 recovered, 13 died, and 8 remained doubtful. No case at the hip-joint. Of 17 Resections, 12 recovered, 4 died and 1 remained doubtful. No case at the hip-joint. Of ligations of arteries (generally secondary) there were 8 cases, 6 recoveries, 2 deaths.

Dr. ANDREWS believes that the military surgeon "may go almost all lengths in his efforts to preserve superior extremities, but that in the inferior, amputation must be very extensively practiced." Amputation of the shoulder-joint is only required where the arm has been torn off by a shot, or so disorganized as to render mortification of the whole limb inevitable. If the head of the humerus is shattered, resection is preferable, as amputations had a mortality of one in three, while in resections it was one in six. Counting his own cases with those of ESMARCH and GUTHRIE, the writer presents us with,

	No.	Re-	Died.	Per Cent.
		covered.	of deaths.	
Amputation at shoulder,	50	31	19	38
Resection " "	25	17	8	32

Being an advantage of 6 per cent. in favor of resection.

Now follow observations deduced from the recorded cases as to the most available modes of operative procedure with cautions upon certain points, and most of great value to those yet in the field. The importance of perfect ventilation is strongly shown by the instances where overcrowding ensued upon steamboats engaged in transportation of wounded and point out the only available means we possess of preventing erysipelas, and its attendant disorders.

We can only hope in conclusion that others will be induced to devote similar care to cases under their observation since it is the correct mode of making what otherwise would have been experience thrown away, of practical use in preventing, or at least diminishing the unhappy results of modern warfare.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, DECEMBER 12, 1863.

A NEW VOLUME—THE TIME TO SUBSCRIBE.

With the first issue in January, 1864, will commence the *Eleventh Volume* of the MEDICAL AND SURGICAL REPORTER in its weekly form.

It will be an opportune time for new subscriptions to begin. We have offered to subscribers extraordinary inducements to add new names to our list. For every new subscriber with the money (\$3), for a year in advance, we will either credit the subscriber sending the name *One Dollar* on account of his subscription, or send him one dollar's worth of Books or Surgical Instruments. See our book advertisement. A great many subscribers are already taking advantage of this offer. See "Answers to Correspondents."

We hope to be able to send out a *thousand dollars worth of Books and Surgical Instruments* before the first of February. An extension of our subscription list will benefit all our subscribers, and the profession at large, by giving us the ability to further improve the REPORTER.

For further particulars, see Prospectus on the cover in every alternate number.

HOSPITAL INSPECTION.

There seems to be a very great lack of system in the management of our military hospitals, or rather, perhaps we should say, in the mode of inspection into their management. Indeed, if we were to judge of their condition by the numerous commissions appointed to inspect and report in relation thereto, it might be supposed that something radically wrong existed, which we by no means apprehend to be the case. Let us see how the matter stands:

1. Every general hospital we suppose is situated in a military department, whose head is by virtue of his office an inspector of everything connected with the army in his department.

2. There are eight experienced army surgeons

who have been appointed medical inspectors by act of Congress. These inspectors are appointed to different departments, and the condition of the hospitals in their departments would naturally claim a due share of their attention.

3. Surgeon-General HAMMOND is now on a special tour of inspection of the hospitals in the various military departments.

4. A special order was recently issued from the War Department, constituting five civilians a Board of Inspectors of Government Hospitals and Military Prisons in the Department of Washington, with full authority, etc.

5. Medical Director ANNOTT has recently been requested to make a special report on the condition of the several general hospitals in and around Washington.

6. Last week another commission composed of a Lieutenant Colonel, a Surgeon and a Captain, started on a tour of inspection of all the army hospitals in the United States.

7. We lately saw published an order granting a passage on one of the Government vessels, to a gentleman (a civilian) and his wife, for the purpose of inspecting the hospitals in the Department of the South, and this, notwithstanding the fact that Surgeon-General HAMMOND had just returned from inspecting the same hospitals.

8. And finally, the Sanitary Commission seem to have ample funds to pay the salaries and travelling expenses of a corps of hospital inspectors on its own account.

Here we have no less than eight classes of inspectors of hospitals, and we are not sure that we have included all in our list. To our unsophisticated mind there would seem to be a large amount of supererogatory labor performed in this direction, and at a very large expenditure which might profitably be thrown into other channels. We can hardly believe that the medical officers of our hospitals, the commanders of the military departments, and the regular army medical inspectors, are so remiss in their duties as to require quite such an array of supervisors of their labors. The requirements of the service call for a systematic and orderly discharge of their duties under strict military rules, on the part of all officers of departments and of hospitals, and it would seem as if

the ordinary rule of government should be sufficient to insure a faithful discharge of duty.

But granted that further inspection is necessary beyond that of military commandant, medical inspector and Surgeon-in-charge, and that it is necessary that it should be composed of civilians and in part of non-medical men, why not have a permanent Board of Inspectors composed of, say five or seven men, a majority being medical men, whose duty it shall be to visit all the military hospitals in the country, and report to head quarters on their management. Even this we should regard as a work of supererogation, but if the demand for hospital inspection must be gratified this would seem to be a better way than to have so many roving military and civilian commissions perambulating the country at a heavy expense. The funds for the support of such an army of inspectors, comes from the Government or from private benefaction, and we certainly think that money might be saved by limiting the number of inspectors, and we feel quite sure that the object would be better accomplished beside.

CATALOGUES.

The medical book publishers usually at this season of the year scatter their catalogues broadcast over the land. We offer no objection to their doing so, so long as they do not disfigure the medical works they issue, by binding them in as part of the book. It is a nuisance, and what is more, amounts to a fraud on the medical public. Physicians are very willing to have a catalogue, and particularly a priced catalogue of medical books by itself, and would not object to pay a moderate price for one, but they do not wish to have these catalogues foisted upon them in every book they buy. The publisher who will issue his medical works without the cheat of a catalogue printed on whitey-brown paper bound in as an appendix to the book, will both confer a favor on medical men and benefit himself.

Another thing. We would respectfully suggest to publishers the propriety of occasionally issuing a new edition of their catalogues, and of expunging some of the old recommendations of their works quoted from medical journals long since defunct, and whose character and standing when they did

exist was, to say the least, doubtful. Medical men when they read the judgments of reviewers on books that have been issued, wish to have modern ideas of the work, published in existing journals of known character and standing. A reform in this matter would be mutually beneficial to physician and publisher.

Notes and Comments.

Affairs of the Army Medical Department.

The Commission to investigate the affairs of the Medical Department of the army have completed their report, and it is in the hands of the Secretary of War. According to published statements, the result of the investigation is anything but creditable to the management of the Bureau. We sincerely trust that the published accounts are exaggerations.

Dr. Salisbury.

It has been announced that Dr. SALISBURY, Surgeon of the Board of Enrollment of the Fourth Congressional District of Connecticut, had been suspended from the discharge of his duties. He has been tried and sentenced to thirty day's imprisonment, a fine of \$200, and discharged from the U. S. Service. The judgment has been approved, except the omission of the imprisonment. Dr. SALISBURY it seems, was not charged with malfeasance in office, but for not attending daily at the Provost Marshal's office. His plea was that there was nothing for him to do there.

Death Attributed to Chloroform.

In a late number of the *American Medical Times*, Dr. O. D. POMEROY, of New York, reports a case of "Death resulting from the use of Chloroform during labor."

It seems that half an hour from the commencement of the inhalation, after the birth of the child, and when the patient was returning to consciousness, there were signs of irritation of the air passages "as evinced by a few moist râles." The next morning at ten o'clock "mucous râles were heard throughout the lungs; pulse feeble, with other signs of sinking." No relief was obtained by stimulants and an emetic, and she died in ten or fifteen minutes thereafter.

This, we think, is one of the cases—and we do not doubt there are many—in which death is wrongfully attributed to the use of chloroform. Dr. POMEROY seems to suggest that the chloroform might have belonged to a lot made by a manufacturer, which he had endeavored to recall from the

market, that had decomposed and gave off free chlorine, but there is no proof of it. If, however, the death of the patient resulted from the inhalation of free chlorine, it should be attributed to that, and not to chloroform.

It has been our experience to lose at least one patient, in apparent perfect health, in whose case no anæsthetic was given, within half an hour from the birth of the child, by congestion of the lungs. Had chloroform been administered, there is little doubt but this case would have been regarded as adding another to the black catalogue of deaths charged to that anæsthetic.

Chloroform may be responsible for some deaths, but we very much doubt whether it does half the mischief that is attributed to it.

Correspondence.

FOREIGN.

LETTERS FROM Dr. W. N. CÔTE.

PARIS, Nov. 6, 1863.

Epidemic Typhus.

There are alarming reports current respecting the state of the public health at Dijon, a large city in the interior, where the deaths from typhus are said to have amounted to from twenty to thirty per day. A careful examination of the registers has proved, however, that the average number carried off by that epidemic is less than three per day, and has never been more than one-half of the total number of deaths from all causes. I see by the *Lancet* that during the last few weeks there has been a great increase of this fever in London. After subsiding during the summer, the epidemic has reappeared with greater intensity, the Fever Hospital containing at the present moment one hundred and ninety patients, almost all suffering from typhus fever of a severe form, and many applicants, it is said, have been refused admittance for want of room. A plan is now under consideration for increasing the accommodation of the hospital by the erection of temporary buildings. It is feared that the epidemic will be of considerable magnitude during the coming winter.

Deafness Caused by Osseous Tumors in the Meatus.

Dr. BONNAFONT publishes three cases of deafness caused by osseous tumors in the meatus auditorius. The first was that of a man, aged thirty-two, who had become completely deaf on the right side, in consequence of an osteite closing of the meatus. The other was an identical case of a young girl of seventeen. In both these cases the deafness dated back two years. The third was the case of a man of thirty-five, affected with tumors in both ears. Until now, medical writers have proposed no other means for conquering those affections but the extirpation

of the tumors, without quoting any fact in support of this opinion. Dr. BONNAFONT, considering that unless the nerve of the ear is sound no operation is worth attempting, began by ascertaining the existence of this important condition by means of a watch and a tuning-fork applied to the different regions of the cranium. If the ticking of the watch is heard, an operation is sure to be attended with success, while in the contrary case it would be absolutely useless. This is a simple and almost infallible method of auscultation, calculated to prevent any mistake likely to ensue by operating on patients before ascertaining the state of sensibility of the auditory nerves. Dr. BONNAFONT, avoiding the use of sharp instruments in the case of his three patients, opened a passage between the osseous tumor and the opposite surface of the passage by means of small bougies, made of whalebone and India-rubber, and of different diameters, beginning with the smallest, and seconding their action by slight canterizations with nitrate of silver. The treatment succeeded; and Dr. BONNAFONT remarks, as a curious circumstance, that although the openings thus obtained are exceedingly small, yet they are sufficient for the admission of the sonorous waves.

Retirement of Trousseau.

It is stated that Dr. TROUSSEAU, whose lectures have always been so eagerly followed, has applied to be placed on the retired list, being, as he says, fatigued and in need of repose. His pupils were thrown into dismay by this announcement, and immediately got up a petition to the Minister of Public Instruction, begging him not to accept the application. The petition lies at the Hôtel Dieu for signature.

W. N. CÔTE.

PARIS, Nov. 12, 1863.

Canine Madness.

The following case, related by an English paper, shows how long hydrophobic virus may remain in the human economy without manifesting its effects. A young man named Moss, a stonemason, was admitted at the Liverpool Infirmary, laboring under unusual symptoms. He said he had not taken anything for some time except a cup of tea, and that he had taken it with difficulty; he could swallow no solid food of any kind. The doctor directed a glass of water to be given to him. The man evinced no fear of it, but endeavored to swallow it; he managed to get the water to his mouth, and also to swallow it, to a certain extent; then violent spasms of the muscles of the neck set in, and he ejected the water and also some froth and saliva, violently shaking his head at the same time, and apparently choking. This occurred every time he attempted to take anything. The medical man, thinking it principally nervousness, as the patient denied ever having been bitten by a dog, ordered him a mixture of chloric ether, etc. The patient, however, afterward said that he had been bitten *seven years ago*, but it had escaped his memory when asked before. About two in the afternoon, delirium set in; his head was

shaved, and the temporal artery divided; he became so delirious that it was necessary to tie him down. Morphia was administered, but with little or no effect; chloroform was also tried, but found to be of no service. His gestures and exclamations were horrible. He continued to eject froth and saliva, along with a dark fluid, which he threw some distance by the shaking of his head. He made attempts to bite those who came near him, and it was with great difficulty that he was restrained. A horrible grin frequently distorted his countenance. He appeared insensible to everything around him, and died at five in the afternoon. At the post-mortem examination, the medical men were unanimously of opinion that it was a case of hydrophobia.

Delirium Tremens.

The Registrar-General of London mentions in his return of last week the case of a horse-keeper, who died of *delirium tremens*, excited by a wound in his left thumb from a horse's tooth.

Pneumonia among Cows.

Professor GAMAGE lately lectured on disease in London dairies. He spoke of the prevalence of pneumonia among the cows, and recommended an organized system of inspection by duly qualified veterinary surgeons, with a view to the speedy separation of the diseased from the healthy cattle.

New Symptom in Typhus Fever.

Dr. BEAU has recently called attention in his clinical lectures to a peculiar symptom of typhus fever, which had up to the present time escaped observation. It consists in an irregular and convulsive contraction of the small muscles of the face which surround the mouth. This contraction occurs whenever the patient speaks, and becomes visible by the pulling of the skin round the lips and chin, caused by the traction of the subjacent muscles. Those chiefly engaged in this motion are the common levator of the upper lip and the *alae nasi*, the levator proprius of the upper lip, the zygomaticus minor, the triangular muscle of the lips, and the levator of the chin. The convulsive motions of these small muscles vary according to the patients. In some it is the levator communis, in others the levator proprius, in a third the zygomaticus minor, etc., but it is very rare to see all these muscles move at once in the same patient. Their motion is never perceived in a state of health while speaking, but scarcely ever fails to be visible in patients laboring under dothienteria, or typhus fever complicated with malignant ague.

The Formation of Callus.

Dr. JOBERT DE LAMALLE has communicated to the Academy of Sciences an interesting paper on the formation of callus, the substance provided by nature for the junction of bones severed by fracture. The ancients attributed the formation of callus to the secretion of a gelatinous substance between the fragments, which substance, by hardening gradually, soldered, as it were, the fragments together. Some

also admitted the elongation of the osseous fibres. ANTONIO XEIDE was the first to remark, from experiments upon frogs, that a stratum of blood surrounded the fragments, and that this blood passed through several states until it became a cartilage, then a bone, and that it united the fragments by forming a sort of ring round the fracture. JOHN HUNTER confirms this view, adding that the arteries deposit calcareous matter on the fracture, which, contributes to the ossification of the callus. HALLER and DETHLEF are of opinion that callus is formed by a gelatinous juice issuing from the extremities of the fractures, and chiefly yielded by the marrow. Having spread round the fracture, it gradually coagulates, and becomes cartilage, in which certain osseous nuclei are formed, which gradually spread and transform the cartilage into bone. According to these authors, the periosteum exercises no influence over the formation of callus. But the latest theory, advocated by DUMAMEL, FOUGEROUX, DUPUYTREN, CRUVEILHIER, and FLOURENS, on the contrary, attributes a fundamental action to the periosteum and the medullary membrane. Not only these, but also the ligaments, the cellular tissue, and the adjoining muscular strata, become ossified to form a ring around the fracture. Two successive calli are formed—the provisional one in the course of thirty or forty days, by the ossification of the periosteum and the surrounding parts, and of the medullary tissue. This, however, is gradually absorbed, and succeeded by a definitive callus, which solders the extremities together, and takes no less than eight months or a year for its formation. This theory, I know, is opposed by many eminent French surgeons, amongst whom I may mention Dr. GOSSELLI, Professor of Surgery of the Medical Faculty of this city. He expresses the opinion that not only the periosteum and the medullary membrane, but also all the adjoining parts, such as the blood-vessels, the different tissues, etc., contribute, each for its part, to the regeneration of bone.

Clinical Instruction in Paris.

I remark in the REPORTER of the 3d ult. an editorial article on the importance of clinical instruction. Nothing can be more profitable to the medical student than that mode of teaching. It is extensively employed in this metropolis, which may be justly considered as the centre of the medical world. Students are required to produce, at the beginning of the corresponding trimestrial periods, certificates from the administration of hospitals, stating that they are attached to the clinical service, and at the termination of these periods, certificates delivered by the *chef de service*, and confirmed by the inspectors of the hospitals, affirming that they have attended regularly. Hospital visits are made daily, at 7 o'clock in the morning, by the physicians and surgeons. The medical and surgical clinics of the Faculty are in three of the principal hospitals, viz.: La Charité, l'Hotel-Dieu, and l'Hôpital des Cliniques. After the visits, the professors deliver lectures upon the more instructive cases, and sometimes see out-patients, so that the time devoted to the sick poor,

and to instruction, is about three hours every morning during the scholastic year.

You are aware that hospital physicians and surgeons are assisted in their duties by *internes* and *externes*. I will refer again to this matter in my next.

W. N. CÔTE.

Army and Navy News.

Plaster Casts for Army Medical Museum.

[Circular No. 26.] Surgeon-General's Office, Washington, D. C., November 24, 1863.—The attention of medical officers in charge of United States Army General Hospitals is invited to the importance of preparing illustrations of the results of surgical operations. These can, in many instances, be conveniently obtained by means of plaster casts, which are readily made without subjecting patients to the slightest inconvenience.

The casts most desired are those of stumps of amputations of every variety, and models of limbs upon which excisions may have been performed.

In selecting proper subjects for representation, it would be well to choose not only cases in which the results have been favorable, but also those in which they may have been unfavorable. In a collection like the National Museum, truthful representations of both good and bad results are alike instructive and valuable for future reference and study.

These casts, when made, should be forwarded to the Army Medical Museum by express. The expressage will be paid in Washington. All preparations should be accompanied by proper histories, with name, rank, and station of the contributor, who will be duly credited in the Museum Catalogue.

J. K. BARNES,
Act. Surg.-Gen.

[Circular.] Surgeon-General's Office, November 21st, 1863.—Sir: The Secretary of War, having authorized the payment for washing from the appropriation for the Medical Department for those hospitals and hospital steamers where a sufficient number of laundresses cannot be employed, you are directed to have the bills contracted under these circumstances presented to the nearest medical disbursing officer for payment.

By order of the Acting Surgeon-General.

C. H. CRANE,
Surgeon U. S. A.

To Medical Directors.

[Circular.] Surgeon-General's Office, December 2d, 1863.—Sir: The Acting Surgeon-General directs that the accounts of officers treated in general hospitals be hereafter rendered to this office, only at the time of their discharge from the hospital, or of their decease while in it, instead of being forwarded monthly as heretofore.

The account of each officer is to be made out separately, embracing his total indebtedness from the date of his entry into the hospital to that of his leaving it, and is to be transmitted promptly at the latter time.

By order of the Acting Surgeon-General.

C. H. CRANE,
Surgeon U. S. A.

To Medical Directors.

The following orders have recently been issued from the War Department:

Released Surgeons.

Surgeon Alexander Ewing, 18th Michigan Vols., recently released as prisoner of war from Richmond, Va., will join his regiment. Permission to delay reporting until January 1st, 1864, is hereby granted him.

The following medical officers, recently released as prisoners of war from Richmond, Va., will join their regiments. Permission to delay reporting for thirty days is granted them:

Surgeon E. M. Seeley, 21st Illinois Vols.
Ass't Surgeon W. B. Hornbrook, 42d Ind. Vols.
Ass't Surgeon Wm. Spencer, 73d Ind. Vols.
Ass't Surgeon R. R. McCardless, 110th Ohio Vols.
Ass't Surgeon P. G. Barrett, 7th Ohio Cavalry.
Surgeon W. A. Rogers, 3d Tenn. Vols.
Surgeon Wm. M. Houston, 122d Ohio Vols.
Ass't Surgeon D. B. Wren, 75th Ohio Vols.
Surgeon J. L. Woodin, 68th Ind. Vols.

The following medical officers, recently released as prisoners of war from Richmond, Va., will join their regiments. Permission to delay reporting for twenty days is hereby granted them:

Surgeon Daniel Meeker, U. S. V.
Ass't Surgeon Josiah L. Brown, 116th Ohio Vols.
Ass't Surgeon Charles D. Simpers, 6th Md. Vols.
Ass't Surgeon Alex. M. Parker, 1st Maine Cavalry.
Surgeon A. W. Whitney, 13th Mass. Vols.
Surgeon L. Holbrook, 18th Conn. Vols.
Surgeon Geo. B. Lummas, 13th Penn'a Cavalry.
Surgeon W. F. McCurdy, 87th Penn'a Vols.
Surgeon W. B. McGavran, 26th Ohio Vols.
Surgeon James T. Reeves, 21st Wisconsin Vols.
Surgeon O. Q. Herrick, 34th Ill. Vols.
Surgeon S. B. Hawley, 35th Ill. Vols.
Surgeon L. J. Dixon, 1st Wisconsin Vols.
Surgeon Wm. Forrister, 5th Kentucky Cavalry.
Surgeon J. Shady, 2d East Tenn. Vols.
Surgeon C. W. Fowler, 105th Ohio Vols.
Surgeon J. M. Cook, 24th Ohio Vols.
Surgeon J. M. Rice, 25th Mass. Vols.
Surgeon J. McCurdy, 11th Ohio Vols.
Surgeon T. L. Magee, 51st Ill. Vols.
Surgeon C. Helm, 92d Ill. Vols.
Ass't Surgeon W. H. Lemon, 82d Ind. Vols.
Surgeon H. J. Herrick, 17th Ohio Vols.
Surgeon Geo. P. Ashman, 93d Ohio Vols.
Surgeon J. R. Brelsford, 74th Ohio Vols.
Surgeon Christopher S. Arthur, 75th Ind. Vols.
Ass't Surgeon J. C. Fruit, 54th Penn'a Vols.
Ass't Surgeon G. H. Blaker, 21st Mich. Vols.
Ass't Surgeon G. E. Ranny, 2d Mich. Cavalry.
Ass't Surgeon J. K. Moore, 13th Ohio Vols.
Ass't Surgeon R. H. Tullis, 7th Ohio Cavalry.
Ass't Surgeon A. J. Larry, 2d Tenn. Cavalry.
Ass't Surgeon C. P. O. Hamilton, 90th Ohio Cav'y.
Ass't Surgeon E. M. Howland, 24th Ohio Vols.
Ass't Surgeon W. H. Graham, 101st Ind. Vols.
Ass't Surgeon S. E. Holtzman, 58th Ind. Vols.
Ass't Surgeon A. L. H. Burnett, 8th Tenn. Cav'y.
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Appointment Revoked.

W. Pryor, having withdrawn the acceptance of his appointment as Ass't Surgeon, 1st U. S. Colored Troops, and not having been mustered into service, said appointment is hereby revoked from its date.

Discharged.

Ass't Surgeon James Chapman, 90th New York Vols., is hereby honorably discharged and mustered out of the service of the United States, to date April 21st, 1863, he having been appointed Surgeon of the 123d New York Vols.

Hospital Inspection.

Last week a commission composed of Lieutenant-Colonel LATHROP, Surgeon REILEY, and Captain HORTON, started on a tour of inspection of all the army hospitals in the United States. The commission will first visit Pennsylvania and New York and the Eastern States, after which the officers will proceed to the Southwest and finally to the Atlantic coast.

MARRIED.

GETCHELL-TWIGGS.—In this city, on Tuesday, December 1st, by the Rev. Henry W. Duncasbet, D. D., Rector of St. Stephen's Church, Frank H. Getchell, M. D., of Maine, and Frederick C., daughter of the late Major L. Twigg, of the United States Marine Corps.

SMITH-PHEEBLES.—In Northampton, Mass., on Tuesday, December 1st, by Rev. Ira D. Clark, Charles Hatch Smith, of Brooklyn, son of the late J. H. Smith, M. D., of Auburn, Cayuga County, N. Y., and Antoinette Maria, eldest daughter of Lyman Pheebles, Esq., of Northampton.

STEPHENS-BASSETT.—In Birmingham, Conn., on Tuesday, December 1st, by Rev. C. C. Carpenter, Edward Stephens, of New York, and Sallie, daughter of Dr. M. B. Bassett, of the former place.

DIED.

CROOKS.—At Sterrett's Gap, Perry Co., Penna., October 16th, 1863, of consumption, contracted while in the service of the United States, John W. Crooks, M. D., of the Ninth Regiment Pennsylvania Cavalry, in the 35th year of his age.

GREENE.—In New York, on Wednesday, December 2d, Mrs. Margaret Greene, widow of Dr. David Greene, in the 67th year of her age.

HINES.—On Sunday, November 15th, at Oak Grove, Carroll Co., Md., Emma Louisa Hines, only daughter of Dr. Wm. M. and Mrs. F. H. Hines.

METEOROLOGY.

November 30,	D. 1,	2,	3,	4,	5,	6.	
Wind.....	N.	N. W.	W.	E.	S. W.	W.	N.
Weather....	Clear.	Clear.	Cl'd'y.	Cl'd'y.	Clear.	Clear.	Clear.
Depth Rain...							
Thermometer							
Minimum.....	39°	19°	28°	31°	31°	30°	24°
At 8 A. M.....	32	23	33	81	49	45	26
At 12 M.....	34	33	51	37	47	54	31
At 3 P. M.....	34	33	47	41	51	51	33
Mean.....	34.7	27	39.7	35	42.2	45	28.5
Barometer.							
At 12 M.....	30.3	30.5	30.1	30.5	30.1	30.2	30.6
Germantown, Pa.				B. J. LEEDOM.			

VITAL STATISTICS.

	Philadelphia. Week ending December 5.	New York. Week ending December 7.	Baltimore. Week ending December 7.	Boston. Week ending December 5.	Providence. Month of October.
Pop'n. (estimated.)	580,000	880,000	240,000	180,000	92,000
Mortality.					
Male	147	195	60	39	38
Female	128	205	36	47	49
Adults	133	207	51	50	61
Under 15 years	134	186	45	31	34
Under 2 years	82	100	22	27*	87
Total	275	400	96	56	87
Deaths in 100,000	47.04	42.11	40.00	47.77	16.73
American	191	238	...	49	64
Foreign	67	162	...	37	23
Negro	14	6	24	...	4
ZYMOTIC DISEASES.					
Cholera, Asiatic .....	...	...	...	...	...
Cholera Infantum .....	...	...	...	...	...
Cholera Morbus .....	...	...	...	3	...
Croup	23	24	6	6	...
Diarrhoea	2	9	...	1	4
Diphtheria	18	23	2	3	1
Dysentery .....	...	3	...	...	4
Erysipelas	1	3	...	...	...
Fever, Intermittent .....	...	...	...	...	...
Fever, Remittent .....	...	...	...	...	...
Fever, Scarlet	1	15	3	3	...
Fever, Typhoid	9	15	3	1	4
Fever, Typhus	4	8	...	...	...
Fever, Yellow .....	...	...	...	...	...
Hooping-cough .....	...	6	1	2	1
Influenza .....	...	3	...	2	...
Measles .....	...	...	...	...	...
Small Pox	1	2	19	...	...
Syphilis .....	...	...	...	1	...
Thrush .....	...	...	...	...	...
SPORADIC DISEASES					
Albuminuria .....	...	7	...	2	...
Apoplexy .....	...	8	1	...	1
Consumption	40	67	19	18	18
Convulsions	8	23	...	2	2
Dropsy	3	15	...	2	3
Gun-shot Wounds	1	...	...	...	...
Intemperance	4	14	...	1	...
Malaria	6	...	...	...	...
Pleurisy .....	...	...	...	...	...
Pneumonia	21	36	1	6	3
Puerperal Fever .....	...	4	...	...	...
Scrofula	3	1	...	...	...
Violence and Acc'ts	8	12	2	1	2

* Under 5 years.

TO CORRESPONDENTS.

For the information of those who are not authors, we will state that MANUSCRIPT INTENDED FOR PUBLICATION MUST BE WRITTEN ON BUT ONE SIDE OF THE SHEET. If greater care was taken in the preparation of copy, much trouble would be saved to printers, and mistakes would rarely or never be made.

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